## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 15, 2007 08:00 All Secretary of State **DOCUMENT # 754656** 1. Entity Namo THE DELAND GOSPEL HALL ASSEMBLY, INC. Principal Place of Business Mailing Address 109 EAST ROSEHILL AVE 215 LAKE TALMADGE RD DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 109 EAST ROSEIHLL AUB Suite, Apt. #, etc. Suite, Apt. #. etc. ABOUE 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For DΕ 59-6585245 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ 32729 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KING, FRED W Street Address (P.O. Box Number is Not Acceptable) 215 LAKE TALMADGE RD DELAND FL 32724 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete HILE Change ■ Addition NAMI ORSINI, ANTHONY STREET ADDRESS 36 VIRGINIA AVE STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP THE DMPT ☐ Delete HILE ☐ Change Addition KING, FREDERICK W NAME STREET ADDRESS 215 LAKE TALMADGE RD STREET ADORESS CHY-ST-ZIP CHY-ST-ZP DELAND FL 32724 IIILE ☐ Delete TITLE DVS ☐ Change Addition NAMI NAME CREED, HUBERT A STREET ADDRESS STREET ADDRESS 3044 TUCKAHOE LANE CITY-ST-7IP CITY-ST-ZIP DELAND FL 32724 HILE ☐ Change ☐ Delete ☐ Addition THILE NAME STREET ADDRESS STREET ADDRESS CIJY - SI - 7IP CITY-ST-ZIP ☐ Change HILL ☐ Delete TITLE Addition NAME NAML STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-ZIP TITLE Delete IIILE Change Addition NAME NAME STRELL ADDRESS STREET ADDRESS

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP